

Description of the Applicant Group and its Proposal

1. Provide the following information for the applicant group(s):

a. name, address, telephone number, e-mail address, and website of the applicant group in Nebraska, and any national parent organization;

Organization	Address	Contact Information
NE Music Therapy State Task Force	Attn: Tyanne Mischnick, MME, MT-BC NE Music Therapy State Task Force Chair 7367 Rachel Rd Lincoln, NE 68516	308-325-9300 tyannemtbc@gmail.com
The Certification Board for Music Therapists (CBMT)	Attn: Dena Register, PhD, MT-BC Regulatory Affairs Advisor 506 E. Lancaster Ave., Suite 102 Downingtown, PA 19335	1-800-765-CBMT (2268) 1-610-269-8900 dregister@cbmt.org info@cbmt.org www.cbmt.org
American Music Therapy Association (AMTA)	Attn: Judy Simpson, MT-BC Director of Government Relations 8455 Colesville Rd., Suite 1000 Silver Spring, MD 20910	301-589-3300 Simpson@musictherapy.org info@musictherapy.org www.musictherapy.org

b. composition of the group and approximate number of members in Nebraska; and
According to CBMT, as of August 2020, there were 30 board certified music therapists in Nebraska eligible for regulation by the state.

c. relationship of the group to the occupation dealt with in the application.
The group and occupation dealt with in the application are the same.

2. Identify by title, address, telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

a. members of the same occupation or profession as that of the applicant group;

There are no other groups, associations, or organizations in Nebraska whose membership consists of members of the same occupation as that of the applicant group. All Music Therapists in Nebraska must maintain board certification with CBMT but membership in AMTA is not mandatory.

b. members of the occupation dealt with in the application;

There are no other groups, associations, or organizations in Nebraska whose membership consists of members of the occupation dealt with in the application.

c. employers of the occupation dealt with in the application;

Employer	Address	Contact Information
Endless Journey Hospice	10909 Mill Valley Rd #205 Omaha, NE 68154	402-800-8145
Felicia Magaña Voorhees Private Practice	4217 N 166th St Omaha, NE 68116	402-709-7880
In Harmony Music Therapy Private Practice - Bridget Shevlin	--	402-953-6817 bridgetmshevlin@gmail.com inharmonymt.com
Madonna School	6402 N 71st Plaza Omaha, NE 68104	402-556-1883
Music Speaks	P.O. Box 47122 Minneapolis, MN 55447	563-249-5781
Nebraska Medicine and UNMC	4350 Dewey Ave Omaha, NE 68105	402-552-2000
Omaha Music Therapy Private Practice - Emily Wadhams	2118 S 113th St Omaha, NE 68144	ewadhams@ omahamusictherapy.com
Omaha Public Schools	3215 Cuming Street Omaha, NE 68131	402-557-2222
St. Croix Hospice	1001 S 70th St #113 Lincoln, NE 68510	1-855-278-2764
St. Croix Hospice	11207 W Dodge Rd #250 Omaha, NE 68154	402-609-4818
Siouxland Music Therapy Private Practice - Jamie Young	P.O. Box 223 Wayne, NE 68787	jymtbc@gmail.com
Contracted Agencies	Address	Contact Information
Amedisys Hospice Care	1401 Infinity Road Suite A Lincoln, NE 68516	402-474-0020
Amedisys Hospice Care	287 N 115th St Omaha, NE 68154	402-333-3149
Boystown National Research Hospital	14000 Boystown Hospital Rd Boys Town, NE 68010	531-355-3358

Columbus Public School	2508 27 th Street Columbus, NE 68601	402-563-7000
Country House Residence	5030 S 155th St Omaha, NE 68137	402-964-2060
Country House Residence	6616 S 84th St Lincoln, NE 68516	402-421-1300
Envisions, Inc	619 Olson Dr Papillion, NE 68046	402-597-3336
Heartland Counseling Services	917 W 21st St South Sioux City, NE 68776	402-494-3337
Hillcrest Hospice Care	1820 Hillcrest Dr Ste A Bellevue, NE 68005	402-682-4808
Hospice of Siouxland	3220 Plaza Drive, Suite D South Sioux City, NE 68776	402-404-8323
Kearney Public Schools	320 W 24th St. Kearney, NE 68845	308-698-8000
The Landing at Williamsburg Village	3500 Faulkner Dr. Lincoln, NE 68516	855-840-7257
Lasting Hope Recovery Center- CHI	415 S 25th Avenue Omaha, NE 68131	402-717-5300
The Meriwether-Assisted Living Facility	8140 S 97th Plaza La Vista, NE 68128	402-597-0700
Mosaic	4980 S 118th St Omaha, NE 68137	402-896-3884
Munroe-Meyer Institute Camp Munroe	444 S 44th St Omaha, NE 68105	402-559-5777
Region V Services	1951 E 13th St Crete, NE 68333	402-826-2106
Rose Blumkin Jewish Home	323 S 132nd St Omaha, NE 68154	402-988-1110
Serene Care Hospice	4905 S 107th Ave Omaha, NE 68127	402-597-2585

St. Croix Hospice	2550 N Diers Ave Grand Island, NE 68803	1-855-278-2764
St. Robert Bellarmine Catholic School	11900 Pacific St Omaha, NE 68154	402-334-1929 jreinhardt@stroberts.com
St. Pius/ St. Leo Catholic School	6905 Blondo St Omaha NE 68104	402-551-6667 cory.sepich@spsl.net

d. practitioners of the occupations similar to or working closely with members of the occupation dealt with in the application;

Organizations	Address	Contact Information
American Art Therapy Association	225 North Fairfax St Alexandria, VA 22314	703-548-5860 info@arttherapy.org www.arttherapy.org
American Therapeutic Recreation Association	11130 Sunrise Valley Dr Ste 350 Reston, VA 20191	703-234-4140 www.atra-online.com
The Arbors	3777 N 58th St Lincoln, NE 68507	402-466-3777 www.legacyretirement.com
Bright Beginnings Child Development Center	1400 N 5th St Seward, NE 68434	402-643-2141 sewardumc.org/ministry/bright-beginnings-fundraisers
Hope Heroes	806 Beaver Ave York, NE 68467	402-362-6575 www.emmanuelyorkne.com/hope-heroes
Nebraska Music Educators Association	539 North 6th Ave Broken Bow, NE 68822-1313	888-870-NMEA www.nmeanebraska.org
Nebraska Physical Therapy Association	1408 S 198th Ave Omaha, NE 68154	402-491-3660 npta@npta.org www.npta.org
Nebraska Psychological Association	1141 H St Lincoln, NE 68508	402-475-0709, 877-355-7934 npa@nebpsych.org www.nebpsych.org

Nebraska Speech-Language- Hearing Association	3901 Normal Blvd Ste 100 Lincoln, NE 68506	402-476-9573 info@nslha.org www.nslha.org
Nebraskans for the Arts Doug Zbylut Executive Director	1004 Farnam St Omaha, NE 68108	402-595-2125 www.nebraskansforthearts.org
Madonna Rehab Hospital	5401 South St Lincoln, NE 68506	402-413-3000 www.madonna.org
Region V Services	205 E 8th St York, NE 68467	402-362-7731
Region V Services	316 N 5th St Seward, NE 68434	402-643-4406
Seward Middle School	2401 Karol Kay Blv Seward, NE 68434	402-643-2986 www.sewardpublicschools.org
St. John's Child Development Center	1053 N Columbia Ave Seward, NE 68434	402-643-3122 stjohnseward.org/cdc
UNL Barkley Speech-Language & Hearing Clinic	4075 E Campus Loop Lincoln, NE 68583	402-472-2071 cehs.unl.edu/secd/barkley-clinic

e. educators or trainers of prospective members of the occupation dealt with in the application;

University Programs	Address	Contact Information
Concordia University-Bachelors of Music Therapy Nicole Jacobs - Assistant Professor of Music and Director of Music Therapy	800 N. Columbia Ave Seward, NE 68434	Music Hall 109 402-643-7198 nicole.jacobs@cune.edu
Internship Programs	Address	Contact Information
Madonna School Mary Lynn Bennett - Internship Director	6402 North 71st Plaza Omaha, NE 68104	402-556-1883 madonnaschool.org
Omaha Music Therapy Emily Wadhams - Internship Director	2118 S 113th St Omaha, NE 68144	ewadhams@omahamusictherapy.com

f. citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g., advocacy groups, patient rights groups, volunteer agencies for particular diseases or conditions, etc.); and

Agency/ Group	Address	Contact Information
Autism Society of Nebraska	9012 Q St Omaha, NE 68127	402-315-1000 www.autismnebraska.org
Coalition of Older Adult Health Promotion	P.O. Box 57381 Lincoln, NE 68505	kayla.schaf@legacyretirement.com www.LincolnCOAHP.com
College of St. Mary	7000 Mercy Rd Omaha, NE 68106	402-399-2400
Lincoln Caregivers Education Group	N/A	Suzy Campbell suzycam54@gmail.com
Parkinson's Nebraska	16811 Burdette St Ste 1 Omaha, NE 68116	402-715-4707 info@parkinsonsnebraska.org parkinsonsnebraska.org

g. any other group that would have an interest in the application.

We have made every effort to identify those groups who would have any interest in this application.

3. If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.

N/A

4. If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and / or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.

Nebraska music therapists are proposing the creation of a music therapy license. Specifically, we propose that any professional who claims to be a “music therapist” or “board certified music therapist” must hold the Music Therapist-Board Certified (MT-BC) credential administered by the Certification Board for Music Therapists (CBMT) and be licensed by the state of Nebraska. Board certified music therapists possess the required education, clinical training, scope of practice, and professional competencies necessary to provide ethical and effective therapeutic services. In order to protect recipients of music therapy from potential harm or contra-indicated responses associated with

inadequate assessment, treatment planning, service delivery, and documentation, licensure is determined as the most appropriate level of regulation. Given increasing patient involvement, acuity, and risk, music therapy, as delivered by a board certified music therapist, should require state licensure to protect the public from harm due to misuse of terms and techniques, ensure competent practice, and protect Nebraska citizens' access to music therapy services.

State licensure of music therapists would:

- Recognize music therapy as a valid, research-based health care service, on par with other therapy disciplines serving an equally wide range of clinical populations (e.g. speech-language pathology, occupational therapy).
- Validate the prominence of music therapy in work settings for serving consumers of health- and education-related services.
 - Establish educational and clinical training requirements for music therapists.
 - Establish examination and continuing education requirements for music therapists.
 - Establish music therapy scope of practice.
 - Establish an ethics review procedure for complaints and potential ethical violations.

Through establishing a music therapy license we also seek to gain:

- The inclusion of music therapy in state-wide legislation that protects consumers of music therapy;
- The ability for Nebraska residents and businesses to easily determine qualified music therapy practitioners;
- The ability for facilities interested in providing music therapy services to comply with state regulations in contracting with or employing licensed music therapists.

The proposed licensing of music therapists will protect the general public by creating a minimum standard for music therapists to practice in Nebraska. The licensing process will ensure that only qualified, trained individuals who have met the education, clinical training, and examination requirements will be able to practice music therapy. Furthermore, Nebraska residents and potential employers will have a state-established system for verifying competent music therapy practice as well as a disciplinary system to address issues of unethical behavior and practice. Facilities interested in providing music therapy services would be able to utilize the state system to locate qualified professionals.

Licensure will prevent the incidence of unqualified individuals having access to clients' confidential information and potentially compromising clients' health and wellness issues. Licensing music therapists will ensure that those who have not been adequately trained as music therapists would not be able to step into or attempt to perform the duties of a music therapist, therefore increasing the safety and quality of music therapy services provided to Nebraska citizens. This maintains a high standard of care in the

state of Nebraska by establishing a level of competence for a practitioner to abide by to provide music therapy services.

The Scope of Music Therapy Practice (attached) defines the range of responsibilities of a fully qualified music therapy professional with requisite education, clinical training, and board certification.

5. Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the Legislature created these restrictions.

From a national perspective, the American Music Therapy Association (AMTA) Standards of Clinical Practice (**attached**) and Code of Ethics (**attached**) outline therapist responsibilities and relationships with other professionals involved in client treatment. In addition, the AMTA and CBMT Scope of Music Therapy Practice (**attached**), CBMT Board Certification Domains (**attached**), and Code of Professional Practice (**attached**) provide requirements and guidance for clinical work.

Since Nebraska does not have a license for music therapists, music therapists have been prevented from providing services in certain healthcare and educational settings. For example, even though the federal government recognizes music therapy as a related service in special education, music therapists are frequently not allowed to work in Nebraska schools as a related service, due to the lack of a state licensure for the profession. This situation has restricted employment opportunities, as well as created access problems for qualifying students.

6. Identify other occupations that perform some of the same functions or similar functions.

Creative arts therapists perform similar functions of assessing the client(s) level of engagement in the client(s) emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through responses expressed in the creative form, including music. Alternative therapists that view a client as a whole person and treating them as a whole person guide the client similarly with acceptance, nurturing, and treatment process according to how client responds in engagement through expressive forms of yoga, meditation, hypnosis that the client finds supportive in treatment and to generalize outside of the treatment setting. Individuals who serve to improve patient(s) and/or client(s) quality of life by accommodating personalized outlets to them can include volunteering musicians visiting patients in a hospital setting to provide therapeutic or uplifting music. A variety of health-based therapists have similar theoretical orientation of focus determining therapy intervention with clients in treatment planning: humanistic, psychodynamic, behavioral, and neurological. As members of the interdisciplinary team, music therapists frequently address similar treatment goals as other allied health therapists, such as occupational therapy, physical therapy, and speech/language pathology, all of which are licensed in Nebraska.

7. What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?

What distinguishes music therapy from other therapies is the use of music as the therapeutic medium. Music therapy practice requires specialized musical and clinical skills and knowledge. A music therapist's education and clinical training is unique because it involves not only foundations in music and music therapy, but also coursework and practical applications in biology, anatomy and physiology, psychology, counseling methods and processes, and social and behavioral sciences. Each music therapist undergoes competent music training in a minimum of three primary instruments for music therapists to use in practice, including percussion, piano, guitar, and voice. Music therapy interventions are utilized in the creation and implementation of the individualized treatment plan and are specific to client needs.

Music therapists use their knowledge, skills, training, and experience to facilitate therapeutic, music-based interactions that are meaningful and supportive to the function and health of their clients. These music interventions are goal-oriented, not performance- or entertainment-based. Music therapists actively create, apply, and manipulate various music elements through live, improvised, adapted, or recorded music to address physical, emotional, cognitive, and social needs of individuals of all ages and ability levels.

These components of clinical practice continue to evolve with advances in basic science, translational research, and therapeutic implementation, which professional music therapists acquire through continuing education. When other healthcare and education professionals report using music as a part of treatment, it involves specific, isolated techniques, using one pre-arranged aspect of music or playing a music recording to address specific and limited issues. In contrast, the use of live music interventions demands that a music therapist not only possess the knowledge and skills of a trained therapist, but also the unique skill set of a trained musician in order to manipulate the music therapy intervention to fit clients' needs and to address issues across multiple health domains concurrently.

8. Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.

Some music therapists work independently in private practice and some are employed in an educational or healthcare setting. Access to, and requirements for, supervision vary depending upon the clinical setting and facility policies and procedures. For example, when employed by a healthcare facility, therapy service department directors may supervise music therapists, and peers often include physical therapists, occupational therapists, and speech/language pathologists. In educational settings, music therapists are usually supervised by special education administrative directors with peers in related services as listed above. For clinicians in private practice, supervision opportunities are available through state, regional, and national conferences as well as peer supervision within music therapy companies.

Occasionally, music therapists serve as directors in rehabilitation departments or activity therapy programs, supervising PT, OT, and ST or recreation therapists, child-life therapists, and creative arts therapists. It is more common, however, especially when there is only one music therapist on staff, for music therapists to provide clinical interventions under the supervision of special education directors, physicians, nurses, social workers, and PT, OT, or SLP professionals.

9. What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?

Board certified music therapists are qualified to complete the following tasks independently, and when applicable, in conjunction with an interdisciplinary treatment team:

- Accept referrals for music therapy service
- Conduct a music therapy assessment
- Develop an individualized music therapy treatment plan
- Implement an individualized music therapy treatment plan
- Evaluate the client's response to music therapy
- Documentation of music therapy treatment
- Educate and collaborate with client and caregivers
- Evaluate for music therapy termination when appropriate

For a complete listing of all items included within each of these categories, please refer to the AMTA and CBMT Scope of Music Therapy Practice (attached).

10. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?

According to CBMT, as of August 2020, there were 30 nationally board certified music therapists (MT-BC) in Nebraska eligible for regulation by the state. One of these MT-BCs also holds a Transitional Teaching Permit for the 2020-2021 school year in order to practice in the schools following recent changes by the Nebraska Department of Education (additional information provided in other questions).

11. Describe the general level of education and training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

A professional music therapist holds a bachelor's degree or higher in music therapy from one of over 80 [AMTA-Approved college and university programs](#). The curriculum for the bachelor's degree is designed to impart entry level competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles as specified in the AMTA Professional Competencies. In addition to the academic coursework, the bachelor's degree requires 1200 hours of clinical training, including a

supervised internship. Graduate degrees in music therapy focus on advanced clinical practice and research.

12. Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., private physician, dentist, optometrist, etc.).

Music therapists work in psychiatric hospitals, rehabilitative facilities, medical hospitals, outpatient clinics, day care treatment centers, agencies serving persons with developmental disabilities, community mental health centers, drug and alcohol programs, senior centers, nursing homes, hospice programs, correctional facilities, halfway houses, schools, and private practice.

13. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.

Music therapists routinely serve the general population, and can work with individuals of all ages and ability levels. Infants, children, adolescents, adults, and the elderly with mental health needs, developmental and learning disabilities, Alzheimer's disease and other aging related conditions, substance abuse problems, brain injuries, physical disabilities, and acute and chronic pain, including mothers in labor can benefit from music therapy. Healthy individuals can use music for stress reduction via active music making, such as drumming, as well as passive listening for relaxation. Thus, music therapy services are not restricted to a certain segment of the population.

14. Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.

Music therapists work across the lifespan, providing healthcare and educational services. As such, they work with a variety of client groups, including those with:

- Intellectual/developmental disabilities, including, but not limited to, Down syndrome, Autism Spectrum Disorders, Rett syndrome, Fragile X syndrome, cerebral palsy
- Acute or chronic illnesses or pain, including, but not limited to, HIV/AIDS, cancer, multiple sclerosis, burns, surgeries
- Impairments or injuries due to aging or accidents, including, but not limited to, stroke, Alzheimer's disease or other dementias, traumatic brain injury, Parkinson's disease
- Auditory, visual, or speech impairments
- Terminal illnesses, often in hospice and palliative care settings
- Learning disabilities, including, but not limited to, math difficulties, language difficulties, or motor difficulties

- Mental illnesses, including, but not limited to, post-traumatic stress disorder, schizophrenia, bipolar disorder, depression, emotional/behavioral disorders, substance abuse
- Health and wellness issues, including, but not limited to, cardiac care and well seniors

There are many reasons for seeking music therapy, including the following:

- Music therapy is used in general hospitals to alleviate pain in conjunction with anesthesia or pain medication; elevate patients' mood and counteract depression; promote movement for physical rehabilitation; calm or sedate, often to induce sleep; counteract apprehension or fear; and lessen muscle tension for the purpose of relaxation, including the autonomic nervous system.
- Music therapy in skilled nursing facilities is used to increase or maintain level of physical, mental, and social/emotional functioning, including to manage symptoms related to Alzheimer's disease and other forms of dementia. The sensory and intellectual stimulation of music therapy can enhance an individual's quality of life.
- Music therapists offer related service interventions on Individualized Education Plans in special education. Music therapy strategies are used to strengthen nonmusical areas such as readiness to learn (pre-academic skills), academics, social skills, behavioral goals and communication.
- Music therapy in behavioral health settings provides music experiences that allow individuals to explore personal feelings, make positive changes in mood and emotional states, and practice problem-solving, coping skills, and self-expression.

15. Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?

Clients are frequently referred for music therapy services. If utilized in an interdisciplinary team approach, music therapy may be referred as a typical part of the treatment process; it is also common for a client to be referred for music therapy when other therapies are either not working or a client's progress in the other therapy plateaus.

In schools, referrals typically come from the interdisciplinary team: parents, classroom teachers, and other professionals involved in a child's education. Reasons for special education referrals for music therapy include when a student:

- Is motivated to attempt and/or complete tasks through the use of music
- Benefits from the use of additional communication modalities
- Initiates interaction with music or musical instruments in the classroom or in the home
- Retains information conveyed in songs more easily than information conveyed in spoken interchanges

It is common practice for physicians to order music therapy in medical settings or when making a referral to a self-employed music therapist. Other settings and situations allow for referrals from a wide variety of practitioners, such as:

- Speech Language Pathologist
- Occupational Therapist
- Physical Therapist
- Educator
- Special Educator
- Social Worker
- Clinical Case Manager
- Psychologist
- Psychotherapist
- Physician
- Neurologist
- Nurse
- Behaviorist
- Counselor
- Interdisciplinary Team
- Qualified Developmental Disability Professional

Clients may be referred elsewhere by music therapists, when deemed necessary for further evaluation or treatment for a specific issue. A competent music therapist will make referrals to other providers (music therapists and non-music therapists) when faced with issues or situations beyond the original clinician's own practice competence, or where greater competence or specialty care is determined as necessary or helpful to the client's condition.

16. Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?

A prescription or order from a practitioner of another health occupation is not necessary in order for music therapy services to be provided to a client. Furthermore, clients may be referred by members of another occupational group. This distinction is typically determined by the clinical setting. For example, physician orders are usually required if clients are seeking third party reimbursement or when services are provided in a healthcare facility.

17. How is continuing competence of credentialed practitioners evaluated?

Music Therapist-Board Certified (MT-BC) is the credential required to ethically practice as a music therapist. Once coursework and clinical training are completed, one is eligible to take the national examination administered by the Certification Board for Music Therapists (CBMT), an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies. After successful completion of the examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC).

18. What requirements must the practitioner meet before his or her credentials may be renewed?

To maintain the MT-BC credential, music therapists must demonstrate continued competence by completing 100 recertification credits within each five-year recertification cycle. The MT-BC credential is awarded and administered by the Certification Board for Music Therapists (CBMT).

19. Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.

- California- Music therapy title protection signed into law 2019. Practitioners must hold the MT-BC credential
- Connecticut- Music therapy title protection established in 2016. Practitioners must hold the MT-BC credential
- Georgia- Music therapy license established in 2012. Overseen by the Secretary of State using a volunteer Advisory Council
- Nevada- Music therapy license established in 2011. Overseen by the State Board of Health using an Advisory Council
- New Jersey- Music therapy license created January 2020. Overseen by the State Board of Creative Arts and Activities Therapies.
- North Dakota- Music therapy license established in 2011. Overseen by the Board of Integrative Health
- Oklahoma- Music therapy license established in 2016. Managed by the State Board of Medical Licensure and Supervision.
- Oregon- Music therapy license established in 2015. Managed by the Health Licensing Office
- Rhode Island- Music therapy registry established in 2015. Managed by the Department of Health
- Utah- Music therapy state certification established in 2014. Managed by the Division of Occupational and Professional Licensing.
- Virginia- Music therapy license created March 2020. Overseen by the Board of Social Work
- Wisconsin- Music therapy registry established in 1998

The following states have introduced legislation to recognize music therapy education, clinical training, and credentialing qualifications: Arizona, Colorado, Florida, Illinois, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Hampshire, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, Vermont, Washington.

Additional Questions an Applicant Group Must Answer about their Proposal

1) What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?

Although the music therapy profession requires clinicians to pass a national board certification exam administered by the Certification Board for Music Therapists, (CBMT) to obtain a national credential, the state of Nebraska does not formally recognize this credential. As such, there are a growing number of unqualified individuals in the state claiming to be music therapists who do not hold a music therapy degree from an accredited institution or carry the national credential of Music Therapist- (MT-BC). This potential harm to the public includes misrepresentation of the music therapy profession, as these individuals hold themselves out to the public as being able to produce outcomes that are not based upon evidence-based practice; and, these individuals show a substantial lack of supervised clinical training and feedback to promote and ensure ethical practice.

As a result, the current absence of official state licensure of a music therapist's qualifications and certification leaves Nebraska residents at-risk for negative social, emotional and economic consequences due to the inability of an untrained individual having no experience or understanding of the assessment, treatment planning, implementation and documentation processes. For example, a nurse at a long-term care facility claimed to do "music therapy" by playing the piano for sing-a-longs for the residents. While qualified to address a number of physical issues, she is not trained to select or manipulate particular musical elements to elicit specific desired responses nor is she trained to handle the social or emotional responses that those individuals may have in response to musical stimuli. Financial implications for constituents include untrained individuals charging a variety of fees with the inability to document measurable outcomes as a result of scientifically based treatment. Since Nebraska has not formally recognized music therapy, the general public is not well-informed about a music therapist's qualifications and state/local health and education agencies seeking services are unaware that music therapy practice requires a national credential to ensure safe and competent practice.

2) If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.

Inspection requirements

This issue is addressed and provided for by the provisions of the Nebraska Uniform Credentialing Act.

Injunctive relief

This issue is addressed and provided for by the provisions of the Nebraska Uniform Credentialing Act.

Regulating the business enterprise rather than individual providers

Regulation of business enterprises would not ensure consumer protection to the extent required in healthcare and educational settings. Since music therapists maintain individual board certification, each individual practitioner is required to meet national education, clinical training, and credentialing requirements regardless of the type of program in which they work. We are asking the state to formally recognize these existing national requirements for each individual practitioner.

Regulating or modifying the regulation of those who supervise the providers under review

Regulating or modifying those who supervise the providers under review would not be in the best interest of protecting the public as these entities do not have the knowledge to determine the standard of care or clinical competency that state licensure would provide.

Registering the providers under review

The concern with registering the providers under review is that this option does not ensure the greatest level of protection for the public. In addition, healthcare and educational settings typically require state certification or licensure (see additional question number 9 for further information). It is our understanding that individuals on a state registry would not be obligated to verify continuing education requirements. Therefore, this method of recognition would not adequately protect the public.

Certifying the providers under review by the State of Nebraska

A state certification would provide the necessary recourse for consumers and employers to verify competent clinicians, understand the scope of practice, and report unethical behavior and practice. It would not provide the necessary access to music therapy services as required by many health and education facilities.

Licensing the providers under review

The public needs additional assurance through licensing music therapists so that they are protected from the misuse of terms and techniques by unqualified individuals and to ensure competent practice. Nebraska citizens would be assured that individuals providing music therapy services are qualified clinicians who have met the education, clinical training, and examination requirements for the profession. Access to medically, behaviorally, or educationally necessary music therapy services would be improved, as residents would be able to locate qualified providers recognized by the state. Facilities interested in providing music therapy services would be able to utilize the state system to locate qualified professionals. Licensure will prevent the incidence of unqualified individuals having access to clients' confidential information and potentially compromising clients' health and wellness issues.

State licensure would effectively eliminate confusion for those seeking private services, as consumers would have a means to determine competence. There are a large number of non-credentialed individuals claiming to practice music therapy who could cause harm as they do not have the necessary education and clinical training to assess, develop and implement interventions. This is confusing to the general public as these individuals do not always represent themselves accurately.

3) What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?

The proposed licensing of music therapists will protect the general public by creating a minimum standard for music therapists to practice in Nebraska. The licensing process will ensure that only qualified, trained individuals who have met the education, clinical training and examination requirements will be able to practice music therapy. Furthermore, Nebraska residents and potential employers will have a state-established system for verifying competent music therapy practice as well as a disciplinary system to address issues of unethical behavior and practice. A state license would provide the necessary recourse for consumers and employers to verify competent clinicians, understand the scope of practice, and report unethical behavior and practice.

4) What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?

There is no evidence that the proposed change might harm the public. To the contrary, this proposal is believed to increase safety and avoid harm through improved access to credentialed clinicians, especially among fragile, vulnerable, and at-risk populations.

5) What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?

Music therapists currently abide by the AMTA Code of Ethics (attached) and the CBMT Code of Professional Practice (attached). CBMT is charged with setting and enforcing quality practice standards, which are outlined in the CBMT Board Certification Domains (attached). Any person representing himself or herself as a board certified music therapist shall practice within these domains and adhere to the CBMT Code of Professional Practice (attached). Any complaints made by the public against a board certified music therapist should be brought to the attention of CBMT for investigation and possible disciplinary action as defined by the CBMT Code of Professional Practice.

6) What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?

The current lack of regulation does not make music therapists ineligible for third party insurance payments, but it has severely limited access in Nebraska.

The following information outlines coverage available for music therapy services through federal, state and private payers across the U.S.

Medicare

- Partial Hospitalization
Music therapy is a covered service in Partial Hospitalization Programs (PHP) using the Healthcare Common Procedure Coding System (HCPCS). Facilities can bill

Medicare using HCPCS Code G0176 and Revenue Code 904 (Partial Hospitalization-Activity Therapy) to document that music therapy services were provided.

- **Prospective Payment System (PPS)**
Music therapy services can be covered through the Medicare Prospective Payment System or PPS. Although music therapy does not receive direct reimbursement from Medicare for services provided, music therapists can be included as part of the package that is covered under the PPS within skilled nursing facilities/nursing homes, in-patient psychiatric programs, hospice programs, and in-patient rehab settings.
- **Minimum Data Set (MDS)**
To assist long-term care and residential facilities access additional funding, music therapists can document treatment minutes under Restorative Care. Music therapists do not bill Medicare directly for services, but instead, can provide and document services under the existing Restorative Care section of the MDS assessment tool. When quality services are provided and documented under this heading, the facility in turn, receives more reimbursement from Medicare.

The MDS 3.0 assessment tool also lists music therapy under Section O. Special Treatments and Procedures, O0400. Therapies, F. Recreational Therapy (includes recreational and music therapy). Although this listing does not provide additional reimbursement for the facility, it does provide a more accurate vehicle for documenting physician-ordered music therapy services in settings utilizing the MDS and helps to validate the inclusion of music therapy as a part of the Medicare PPS daily rate.

Medicaid

There are currently several states that allow payment for music therapy services through use of Medicaid Home and Community Based Care waivers with certain client groups. In some situations, although music therapy may not be specifically listed within regulatory language, due to functional outcomes achieved, music therapy interventions qualify for coverage under existing treatment categories such as community support, rehabilitation, or habilitation services.

Private Insurance

Companies like Blue Cross Blue Shield, United Healthcare, Cigna, and Aetna have all paid for music therapy services at some time. Success has occurred on a case-by-case basis when the therapist implements steps within the reimbursement process. Like other therapies, music therapy is reimbursable when services are pre-approved and deemed medically or behaviorally necessary to reach the individual patient's treatment goals.

Other Sources

Additional sources for reimbursement and financing of music therapy services include: state health, state behavioral/mental health, and state developmental disabilities agencies, state adoption subsidy programs, private auto insurance, employee worker's compensation, county boards of developmental disabilities, IDEA Part B related services funds, foundations, grants, and private pay.

Nebraska

Most funding sources, including private insurance reimbursement, require some form of recognition by the state before issuing payments. In Nebraska, third-party insurance payments for music therapy are only happening on a case-by-case basis. The majority of music therapists in Nebraska have indicated that their services are funded privately by clients and families or through general operating budgets in various facilities. Currently, government assistance programs in Nebraska do not pay for music therapy services. State licensing of music therapy would increase opportunity for music therapy services to be considered for public and private third-party payment.

7) What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.

Of the states that currently regulate music therapists, Georgia is the only state with accessible complaints filed. There have been 7 complaints filed in this state since the license was enacted in 2012. None of these complaints required investigation.

Nevada, North Dakota, and Oregon have not obtained any formal complaints requiring investigation since licensure was enacted in 2011, 2011, and 2015 respectively.

Statistics on complaints are not available for California, Connecticut, New Jersey, Oklahoma, Rhode Island, Utah, Virginia, and Wisconsin.

Education and outreach conducted by the music therapy community following the establishment of these state regulations has increased compliance of facilities, which previously misrepresented music therapy services offered by non-qualified individuals.

8) What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?

Under the proposed plan, start-up and maintenance costs can be covered through music therapy licensing fees, which are nominal for the practitioner. A volunteer music therapy advisory committee is proposed to provide oversight at minimal cost to the state. With these nominal costs, state licensure is expected to have minimal, if any, effect on cost of services to the public.

9) Is there any additional information that would be useful to the technical committee members in their review of the proposal?

Recently, there have been inconsistencies in the Nebraska Department of Education's treatment of the approved provider status for music therapists. One-third of music therapists across the state of Nebraska currently work in school settings in Buffalo, Colfax, Douglas, Platte, and Sarpy counties. Due to recent changes, students in these districts are at risk of losing services.

Although music therapy will still be considered a related service for students' Individualized Education Programs, there appears to be misconceptions about the national qualifications for music therapists to practice. The current tiered payment rate based on holding state certificates and endorsements is clearly not appropriate when comparing the amount of education, clinical training, and national board certification of music therapists and other professions working in special education. In fact, the current proposed rate for board certified music therapists in the state is closer to the rate paid to paraprofessionals in the state. Paraprofessionals must hold a high school diploma, while music therapists must hold (at minimum), a bachelor's degree, complete 1200 clinical training hours, and pass a national certification exam.

With the necessity to hold a Nebraska specific license, certificate, or endorsement in order to be an equal team member with our professional peers in special education, it is apparent that creating a license for music therapists in the state is in the best interest of ensuring safety and service access for Nebraska residents.